MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03927

3931

CERTIFICATE OF DEATH

Reg. Dist. No. 252

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville X
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville X
STREET ADDRESS (If rural give location) Kirwell Ave.

3. NAME OF DECEASED: (First) GERMAINE (Middle) EBERLY (Last) BLAKSLEE (Type or Print)

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: Oct 22-1894 | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Munster Pa

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Henry J Eberly

14. MOTHER'S MAIDEN NAME: Mary Emma Glass

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 218-34-8805

17. INFORMANT & ADDRESS: S. W. Blakslee Centreville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Rupture of Myocardium — Interval Between Onset And Death: 10 min

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Insufficiency — 3-4 wks

DUE TO

(c) Coronary Sclerosis — years

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ca of Left Breast with Radical Removal

19a. DATE OF OPERATION: March 24, 1954 | 19b. MAJOR FINDINGS OF OPERATION: Ca Scirrhus of L/ Breast

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1954, to April 17, 1954, that I last saw the deceased alive on April 17, 1954, and that death occurred at 12 30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) C Richard Layton MD — ADDRESS Centreville Md — DATE SIGNED 4-19-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 20-54 | NAME OF CEMETERY OR ~~CREMATORY~~ Chesterfield | LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REGISTRAR 4/19/54 | REGISTRAR'S SIGNATURE Elsie Armstrong

24. FUNERAL DIRECTOR Baxter Bros — ADDRESS Centreville Maryland.

RECEIVED
APR 22 1954
BUREAU V. S.

03928

MARYLAND STATE DEPARTMENT OF HEALTH

3932

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Queen Annes — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington R F D — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Millington X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Geo (Middle) J. (Last) Connolley

4. DATE OF DEATH: (Month) Apr (Day) 19 (Year) 54

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Mar. 22-1882 | 9. AGE last birthday 72 yrs. | If under 1 year: Months, Days | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Farm work | 11. BIRTHPLACE (State or foreign country) near Centreville Md | 12. CITIZEN OF WHAT COUNTRY? U. S

13. FATHER'S NAME Michael Connolley | 14. MOTHER'S MAIDEN NAME Catherine Shotsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 215-20-0225 | 17. INFORMANT AND ADDRESS Mrs Howard Wallace Millington

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion (Suddenly)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

W. Henry Fisher M.D. Deputy Med. Exam for 2 nd Co Md — 4/19-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF April 22 1954 | NAME OF CEMETERY OR CREMATORY St. Josephs Cem. | LOCATION (City, town, or county) (State) Cordova Md.

DATE REC'D BY LOCAL REG. April 19 | REGISTRAR'S SIGNATURE Edgar L. Lane | 24. FUNERAL DIRECTOR ADDRESS Edward Fellows - Millington, Md.

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APR 26 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 63929

3933 **CERTIFICATE OF DEATH** Reg. Dist. No. 2521

1. PLACE OF DEATH: COUNTY Queen Annes MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Centreville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Annes
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Centreville X
STREET ADDRESS (If rural give location) Burrisville

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) CASPER (Last) FAULKNER
4. DATE OF DEATH: (Month) April (Day) 14 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: March 15-1888
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: farming
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (State or foreign country): M Millington Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James McDonald Faulkner
14. MOTHER'S MAIDEN NAME: Caroline Burris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 214-28-3166
17. INFORMANT & ADDRESS: Mary M Faulkner Centreville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion — 12 hours
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Arteriosclerosis — years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1954, to April 14 1954, that I last saw the deceased alive on April 14 1954, and that death occurred at 3 20 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) C Rodney Baxton M.D. ADDRESS Centreville Md DATE SIGNED 4-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF April 16-54
NAME OF CEMETERY OR CREMATORY Chesterfield
LOCATION (City, town, or county) (State) Centreville Maryland
DATE REC'D BY LOCAL REGISTRAR 4-16-54
REGISTRAR'S SIGNATURE Elsie Armstrong
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

3934

2411 N. Charles Street, Baltimore

03931

CERTIFICATE OF DEATH

Reg. Dist. No. 253

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information accurately. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Queen Anne — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chester
LENGTH OF STAY (in this place): X
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Q.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural Chester
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emory (Middle) (Last) Palmer

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Jan. 9-1894

9. AGE last birthday: 60 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Tenant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emory Palmer

14. MOTHER'S MAIDEN NAME: Emma E. Collison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Emory Palmer--Chester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion 420.1	April 22 1954
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio-vascular disease	5 years
	(c) Arteriosclerosis (general + coronary)	5 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Urticaria (allergy) chronic (angio-neurotic edema)	about 8 years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1930 to April 22, 1954, that I last saw the deceased alive on April 22, 1954, and that death occurred at 2.30 P. m., from the causes and on the date stated above.

SIGNATURE: Theodor Battelmaier (Degree or title) M.D. ADDRESS: Stevensville DATE SIGNED: April 23. 1954.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 25	Stevensville	Stevensville, Md.

DATE REC'D BY LOCAL REG.: April 21-54 — REGISTRAR'S SIGNATURE: Elizabeth Hutton

24. FUNERAL DIRECTOR: Edgar L. Lane — ADDRESS: Church Hill, Md.

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MAY 3 1954
BUREAU V. I.

3935

03932

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 254

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Wye Mills
LENGTH OF STAY (in this place) 5 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) Herbert (Last) Stokes
4. DATE OF DEATH (Month) April (Day) 6 (Year) 1954
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 5, 1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Owner)
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Stokes
14. MOTHER'S MAIDEN NAME Elizabeth Ashley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Dont Know.
17. INFORMANT AND ADDRESS Julia Pardee - Queenstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

177X

Immediate cause (a) Prostatic Carcinoma c̄ metastases — 2½ yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1954, to 4/6, 1954, that I last saw the deceased alive on 4/6, 1954, and that death occurred at 12 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irvin G. Hoyt MD ADDRESS Queenstown, Md DATE SIGNED 4/6/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/9/54
NAME OF CEMETERY OR CREMATORY Chester CEM
LOCATION (City, town, or county) Chestertown (State) Md

DATE REC'D BY LOCAL REG. Apr. 7-54
REGISTRAR'S SIGNATURE Helen M. Aldridge
24. FUNERAL DIRECTOR J. Willis Wells ADDRESS Chestertown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

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APR 12 1954
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Film G166 Item# 8,9
5/17/54 emf

3936

03933

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH: COUNTY Queen Anne MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Md.
STREET ADDRESS (If rural, give location) 1437-2

3. NAME OF DECEASED (Type or Print) (First) Addie (Middle) Annie (Last) Williams
4. DATE OF DEATH (Month) April (Day) 25 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 16-1878
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dayer Booker
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 9
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Mr Harry Williams Crumpton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c) Diabetes

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterial Sclerosis

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to April 25, 1954, that I last saw the deceased alive on April 25, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C N Whitcalle MD ADDRESS Ridgeville Md. DATE SIGNED 4/28/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 29-54
NAME OF CEMETERY OR CREMATORY Church Hill
LOCATION (City, town, or county) Church Hill (State) Md
DATE REC'D BY LOCAL REG. 4-28
REGISTRAR'S SIGNATURE Edgar L. Lane
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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MAY 10 1954
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Film #G164 Item 13
4/26/54 emf

03934

3937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Queen Anne's MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Chestertown; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Q.A.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Chestertown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) WRIGHT

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1954

5. SEX: Fem.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, (WIDOWED,) DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: about 77 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown Bordley

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Allen Grimes - Chestertown Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1517 Immediate cause (a) Cachexia — Interval Between Onset and Death: 5 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable Gastric Carcinoma — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1953, to 4-8, 1954, that I last saw the deceased alive on 4-8, 1954, and that death occurred at 7 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Raymond M. Atkins, M.D. Chestertown 4-13-54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: April 13 NAME OF CEMETERY OR CREMATORY: Lodge Hall LOCATION (City, town, or county): Chestertown (State): Md.

DATE REC'D BY LOCAL REG.: 4-13 REGISTRAR'S SIGNATURE: Edgar L. Lane

24. FUNERAL DIRECTOR: Edgar L. Lane ADDRESS: Church Hill Md.

RECEIVED
APR 19 1954
BUREAU V. S.